

Department of Health Care Services



Information for Medi-Cal Providers:

In accordance with the requirements in Section 1905(r) of the Social Security Act and Title 42 Code of Federal Regulations (CFR) Section 441.50 *et seq.*, the Department of Health Care Services (DHCS) is responsible for providing full-scope Medi-Cal beneficiaries under the age of 21 with a comprehensive, high-quality array of preventive (such as screening), diagnostic, and treatment services under EPSDT. These services are covered without cost.

Informing Medi-Cal beneficiaries about EPSDT

Medi-Cal, medical, dental, and mental health plans, and enrolled providers should inform Medi-Cal beneficiaries under age 21, or their parents, about all of the following:

- The value of preventive services and screenings.
- The services available under EPSDT.
- Where and how to obtain EPSDT services.
- That EPSDT services are free to eligible individuals under age 21.
- That transportation and scheduling assistance are available upon request.

The above five elements must be presented in clear language through written materials, such as evidence of coverage documents, beneficiary handbooks, and related material, and in person or over-the-phone dialogue and scripts.

Providers should reference state guidance letters and the Medi-Cal Provider Manual, including the EPSDT section, for more information about coverage and billing policy guidance regarding Medi-Cal covered benefits and services, including EPSDT.

EPSDT Medical Necessity

The EPSDT benefit entitles enrolled members under the age of 21 to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in the Social Security Act, Section 1905(a), regardless of whether or not the service is covered under Medi-Cal, if that treatment or service is medically necessary. Effective January 1, 2019, Welfare and Institutions Code section 14059.5 incorporated the federal regulation definition of medically necessary for EPSDT, and distinguishes the definition of medical necessity for individuals 21 and older (reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain) compared

with the definition for those under 21 (to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services).

A service need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition are also covered in EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable."

The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child. Through the Treatment Authorization Request (TAR) process, additional services will be approved if determined to be medically necessary for an individual child.